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** CONTINUING DATA *None/LL* *****

** FOREIGN APPLICATIONS *None/LL* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 2	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Signature _____ Initials <i>SM</i>					

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TITLE

Data communication method

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